Peaceful Child Montessori Academy

Application For Enrollment

Child's Name:_____ Date:_____

General Information:

Date of Birth:_____

Home Address:_____

Phone Number: _____

Father/Guardian Information:

Father or Guardian Name: _____

Father's Contact Phone Numbers: _____

Address (if different from child): _____

Employer Name: _____

Employer Address:_____

Employer Phone Number: _____

E-mail Address:_____

Mother/Guardian Information:

Mother or Guardian Name: _____

Mother's Contact Phone Numbers: _____

Address (if different from child): _____

Employer Name: _____

Employer Address: _____

Employer Phone Number: _____

E-mail Address: _____

Family/Home Information:

Other children in family (list relation): Other adults in family (list relation):

_____ _____

_____ _____

_____ _____

Child's Normal Schedule:

Time your child typically wakes up in the am:_____
Does your child typically nap during the day?_____
If so, what is the time/duration? _____
Time your child typically goes to bed at night: _____
Are there any bed time concerns? _____

Information About Child: Please give any information concerning your child, which you feel will be helpful.

Play Habits: _____
Eating Behavior: _____
Sleeping Patterns: _____
Fears:_____
Likes: _____
Dislikes: _____
Amount of Screen time: _____
Other: _____
Your child's temperament is usually: _____
Is your child toilet trained? _____
If not, are they trying to use the toilet? _____
Are there any special needs or behaviors we need to be aware of?

_____

Previous experience(s) in childcare/preschool(include dates):

_____

_____

Mother's Signature:_____Date:_____
Father's Signature:_____Date: _____